

FIG. 1

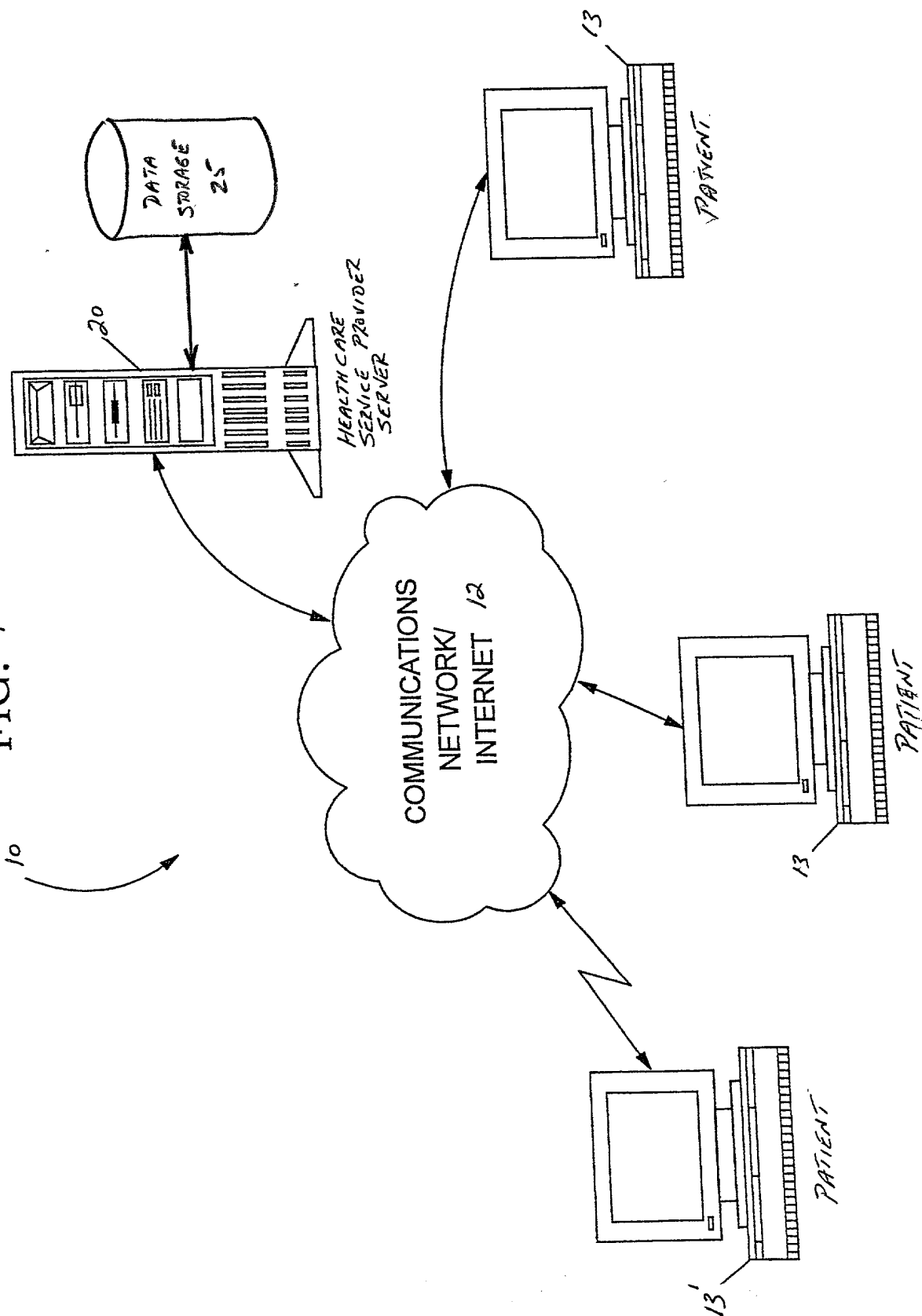
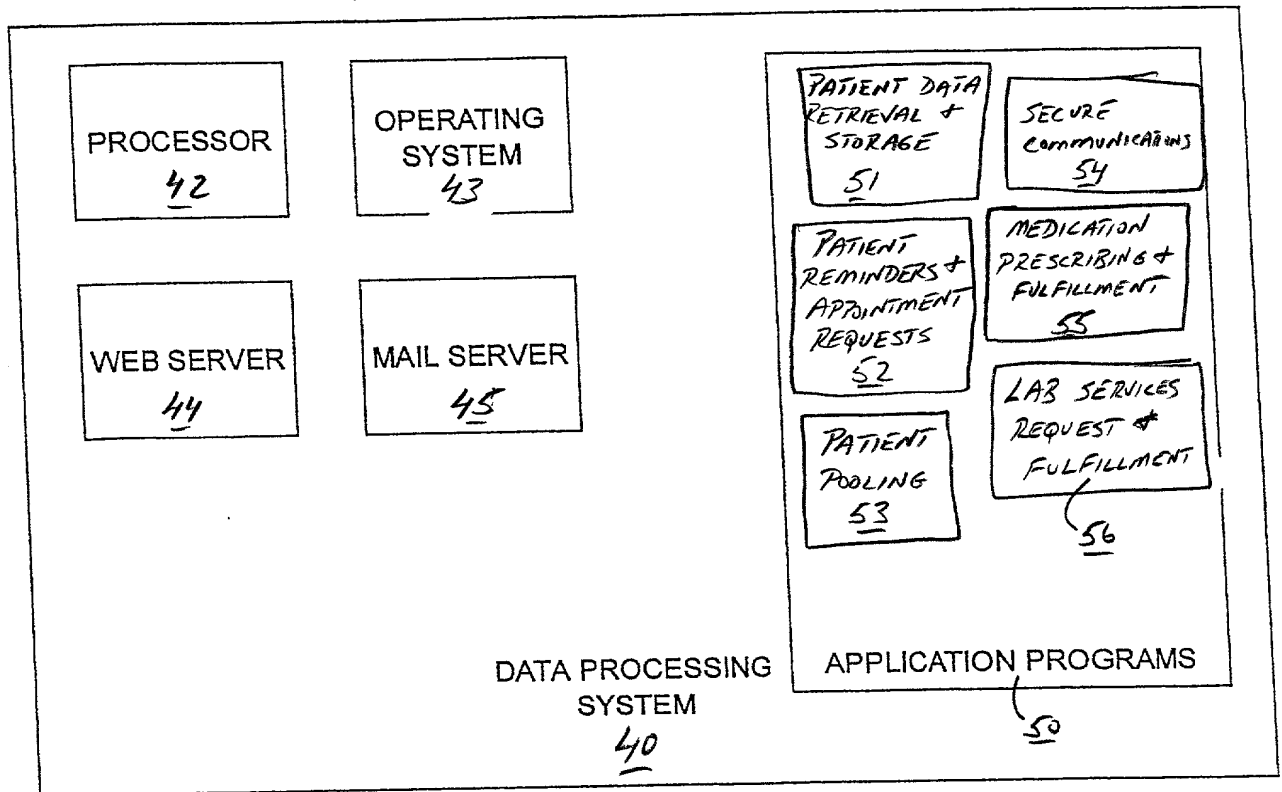


FIG. 2



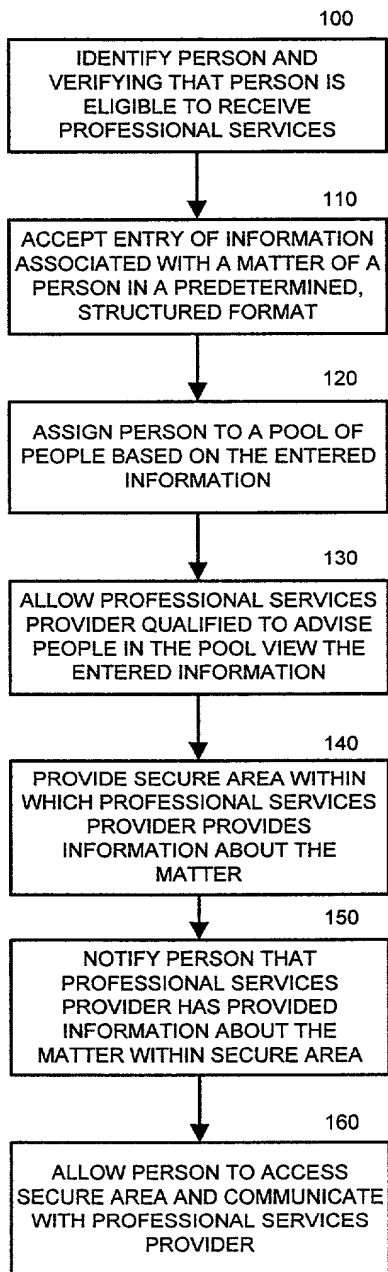


Fig. 3

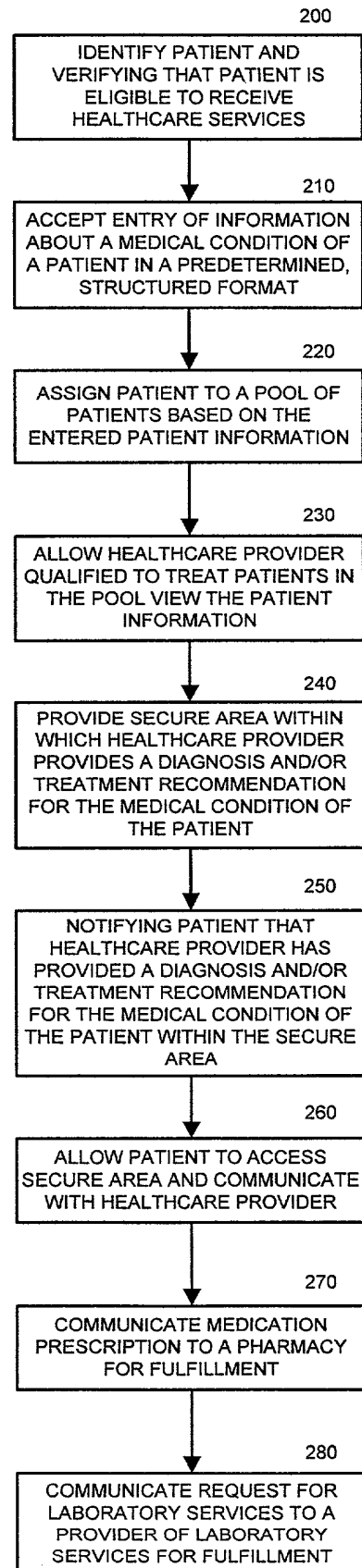


Fig. 4

Help

Medical Records

Smart Patient

Start a New Visit

Communicate

Login
 Register

Welcome to the Virtual Office of
Fernando R. Puente, M.D.

Security

Welcome to my online Virtual Office! You can now obtain treatment from me in a secure and confidential online environment. I feel the Internet is an exciting new way to enhance my relationship with you.

Simply click on the Virtual Office Visit button below and fill out the first page to register as my patient. After registering, you will see a list of conditions that I provide treatment for online. Select a condition to begin a Visit, or explore our other time-saving tools.

Through this site, I hope to make my healthcare services more accessible to my patients, and thereby improve their health.

Thank you for visiting my Virtual Office! To your good health!

IF YOU HAVE AN EMERGENCY NEED FOR MEDICAL CARE, CALL 911 IMMEDIATELY!

All information on this site is secured through encryption technology, which ensures privacy.

Dr. Fernando Puente

GO Back to Dr. Fernando Puente's Website

Virtual Office Visits

- Beginning a Visit
- How do I get a Refill?
- Continuing a Visit
- How much does it cost?
- What about Insurance?
- Virtual Medical Records
- Confidentiality
- Contact my doctor

What is a Virtual Office Visit?

The perfect way to communicate with your doctor! It is **Confidential, Convenient, Secure and Delivered by YOUR Top Quality Physician!**

By using our time saving Virtual Office Visit tool, you can obtain effective medical treatment for a variety of health conditions affecting your lifestyle. Common conditions include Nasal Allergies, Hayfever, Smoking, and many other general illnesses in your doctor's field.

Using the Virtual Office Visit tool, you can:

- Start a New Visit - consult with your doctor for any new condition
- Communicate - send and receive confidential messages with your doctor concerning your visit
- Check your Visit History - get refills for prescriptions, review previous visits, and print receipts for instance

A: Your trusted family physician at your fingertips.

Click here to begin a Virtual Office Visit™

Your Doctor's Profile:

Name: Fernando R. Puente, M.D.

F16-5

400

Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit

close menu

If you have visited us before, please login here:

User Id

Password

Let's Begin Your Virtual Office Visit™!

Please complete the following to begin your Virtual Office Visit™ Consultation

Please complete the information below. We will verify it on the next screen to ensure your information is complete and accurate. We will then ask you several questions about your health history and the condition for which you are seeking treatment. Our first priority is your safety, so please remember to answer all questions truthfully and accurately.

* Required fields

*First Name

Middle Name

*Last Name

*User Id

Please choose a unique User ID, and we will send you a secure password to you at the email address specified below.

*E-mail Address

*Confirm E-mail Address

*Primary language:

English

Have you had a PHYSICAL consultation with this doctor or practice before?

(You must answer this question to continue with your visit.)

Yes ☐ No ☐

*Do you want to receive promotional E-mails?

Yes ☒ No ☐

Continue

Important Security Note: As a registered patient, you will be able to establish your own unique user identification. For added security, we will send a randomly generated password to the email address listed above, thereby confirming your identity. Future correspondence to your user ID will only be directed to your email address. When returning to our site, you must use your unique User ID and random Password to login again. After you login, you may change your password from your Patient Homepage.

FAQ

Confidentiality

Security

Contact Info

Doctor Quality

Emergency

Practice Areas

Site Map



Home



Security



Condition Library



FAQs



Fees & Pricing



Live Help



Logout

FIG. 6

Virtual Office Visit™

Start a New Visit



Start a New Virtual Office Visit



close menu

As a patient of Primary Care of the Triangle, you can utilize our Virtual Office Visit™ to obtain a **Secure, Confidential, and Convenient** consultation with our **Top Quality Physicians**. [Click here for general instructions.](#)

What is your topic for consultation: (choose up to three)

Topic 1: -- Please Select --

Topic 2: -- Please Select --

Topic 3: -- Please Select --



Click Here
Our Conditions

- FAQ
- Confidentiality
- Security
- Contact Info
- Doctor Quality
- Emergency
- Practice Areas
- Site Map

As the first step in conducting your Virtual Office Visit, please confirm and/or input the following information. From there, the physician will review your history and make a decision. You will receive emails updating you of all progress.

85 Personal Information

*required fields

* First Name

test3434test

* Last Name

paro

* Gender

☐ M ☐ F

* Address Line 1

Address Line 2

* City

* State

-- Please Select --

* Zip

* Country

-- Please Select --

Business Phone

* Home Phone

* E-Mail

gregoryparo@hotmail.com

* E-Mail Confirmation

Please confirm this has been entered correctly!
This will be our primary means of contact with you.

* Date of Birth

mm/dd/yyyy

[continue](#)



Home



Security



Condition
Library



FAQs



Fees &
Pricing



Live Help



Logout

F16-7

Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit

close menu

FAQ

Confidentiality

Security

Contact Info

Doctor Quality

Emergency

Practice Areas

Site Map

The following charges will apply to your Virtual Office Visit™

As part of your Virtual Office Visit™ your physician may prescribe the following medications. If you have a preference, or are already taking these medications, please check the appropriate medications.

Allergic Rhinitis

☐ Allegra

☐ Claritin

☐ Zyrtec

Credit card information is for authorization purposes only. You will not be charged until your Virtual Office Visit™ is completed.

Billing Information

Card Holder Name

Card Type

Visa

Card Number

Expiration Date

January

2001

Waiver of Liability and Informed Consent to Release Medical Records

☐

☐ I understand and agree that:

• ☐ I am using this site because I am a patient or am interested in becoming a patient of a physician featured on this site (My Physician);

• ☐ My Physician uses his or her independent

Click to continue your Virtual Office Visit

FIG-8A

85 Personal Information

*required fields

* First Name test3434test

* Last Name paro

* Gender M

* Address Line 1 2323 Road

Address Line 2

* City Raleigh

* State North Carolina

* Zip 27610

* Country United States

Business Phone

* Home Phone 919-787-7890

* E-Mail gregoryparo@hotmail.com

* Date of Birth 06/13/74

NOTE: Please confirm you personal information. If this information is incorrect please update it now.

FIG. 8B

Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit

get more info here



Security Note:

Primary Care of the Triangle respects the privacy of your medical information. All information given to Primary Care of the Triangle is protected, secured and held in complete confidence. [Click here to view our Privacy Policy.](#)



Home



Security

* Required fields

Please respond to each question listed below:



Condition Library



FAQs



Fees & Pricing



Live Help



Logout

Do you consume more than 2 servings of alcohol per day?

Yes ☐ No ☐ No Answer ☒

Do you use recreational drugs?

Yes ☐ No ☐ No Answer ☒

If yes then please describe:

Do you use tobacco products?

Yes ☐ No ☐ No Answer ☒

If no, Number of years tobacco free?

How many cups of a caffienated beverage do you consume in a average day?

Vital Statistics

*Height(in inches)

 (Hint: 4ft=48in; 5ft=60in; 6ft=72in)

*Weight(in pounds)

Blood Pressure

Current Medications

*Please list all prescription medications, non-prescription medications and herbal products or dietary supplements you are currently taking (even if occasionally);

Example: Claritin - 3 months; Alesse - 1 yr.; Tylenol - occasionally

If you are not curently taking any medications, you must enter "none"

*Known Drug Allergies

If you have no known drug allergies, you must enter "none"

Surgical History

530

531

532

533

534

FIG. 9A

*Description of Surgery/Date of Surgery:
If you have not had surgery, you must enter
"none"

--

Family Medical History

Has anyone in your family had any of the following medical problems?

- Heart Disease? Yes ☐ No ☐ No Answer ☒
- High Blood Pressure(hypertension)? Yes ☐ No ☐ No Answer ☒
- Stroke? Yes ☐ No ☐ No Answer ☒
- High Cholesterol? Yes ☐ No ☐ No Answer ☒
- Kidney Disease? Yes ☐ No ☐ No Answer ☒
- Liver Disease? Yes ☐ No ☐ No Answer ☒
- Asthma? Yes ☐ No ☐ No Answer ☒
- Seizure disorder or epilepsy? Yes ☐ No ☐ No Answer ☒
- Neurologic disorder? Yes ☐ No ☐ No Answer ☒
- Colon cancer? Yes ☐ No ☐ No Answer ☒
- Breast cancer? Yes ☐ No ☐ No Answer ☒
- Lung cancer? Yes ☐ No ☐ No Answer ☒
- Other cancer? Yes ☐ No ☐ No Answer ☒

General Medical History

Do you have or have you had any of the following?

- Heart Problems? Yes ☐ No ☐ No Answer ☒
- High Blood Pressure(hypertension)? Yes ☐ No ☐ No Answer ☒
- Stroke? Yes ☐ No ☐ No Answer ☒
- Kidney Problems? Yes ☐ No ☐ No Answer ☒
- Diabetes or high blood sugar? Yes ☐ No ☐ No Answer ☒

535

F16-93

536

Diabetes or high blood sugar?

Yes ☐ No ☐ No Answer ☐

Cancer?

Yes ☐ No ☐ No Answer ☒

Liver Problems?

Yes ☐ No ☐ No Answer ☒

Gall Bladder Problems?

Yes ☐ No ☐ No Answer ☒

Stomach or Intestinal Problems?

Yes ☐ No ☐ No Answer ☒

Pulmonary or respiratory problems?

Yes ☐ No ☐ No Answer ☒

Asthma?

Yes ☐ No ☐ No Answer ☒

Musculoskeletal problems?

Yes ☐ No ☐ No Answer ☒

Thyroid or endocrine disorder?

Yes ☐ No ☐ No Answer ☒

Allergic disorder?

Yes ☐ No ☐ No Answer ☒

Epilepsy or seizure disorder?

Yes ☐ No ☐ No Answer ☒

Blood clots or phlebitis?

Yes ☐ No ☐ No Answer ☒

Genital disorder?

Yes ☐ No ☐ No Answer ☒

Neurological problems?

Yes ☐ No ☐ No Answer ☒

Psychiatric problem?

Yes ☐ No ☐ No Answer ☒

Frequent Headaches?

Yes ☐ No ☐ No Answer ☒

Significant trauma?

Yes ☐ No ☐ No Answer ☒

Skin problems?

Yes ☐ No ☐ No Answer ☒

Other chronic problems?

Yes ☐ No ☐ No Answer ☒

*Are you being treated for
any medical conditions at this time?

Yes ☐ No ☐ No Answer ☒

*If yes then please describe:

FIG-9C

*Have you been examined by a healthcare provider within the last 12 months?

Yes ☐ No ☐ No Answer ☒

reference: Harrison's General Principles of Medicine

Update General Medical History

FIG. 9C CONT.

Virtual Office Visit™

Start a New Visit



Start a New Virtual Office Visit



get more info here

Specific Men's Impotence Questions

* Answer Required



Home

*Do you feel you have adequate interest in sex?

☐ Yes ☐ No



Security

*How long have you felt sexually dysfunctional?



Condition
Library

*Do you have a problem achieving or maintaining an erection sufficient for sexual intercourse?

☐ Yes ☐ No



FAQs



Fees &
Pricing

*During intercourse, do you find it difficult to maintain your erection after you have entered your partner?

☐ Yes ☐ No



Live Help

*Do you feel your penis is crooked?

☐ Yes ☐ No



Logout

*Have you ever had problems with an erection lasting too long?

☐ Yes ☐ No

*Have you used a method or treatment for erectile dysfunction in the past?

☐ Yes ☐ No

*Describe the method or treatment you used for erectile dysfunction.

If none, please type "None". If you are on Viagra now, please state here with dose that was effective.

Please describe anything else in your sexual history that would help your

540

FIG-101
A

Please describe anything else in your sexual history that would help your doctor understand your problem:

***Are you taking any antidepressants?**

☐ Yes ☐ No

***Are you taking any antibiotics?**

☐ Yes ☐ No

***Are you taking any oral antifungal medications?**

☐ Yes ☐ No

***Do you have a bleeding disorder?**

☐ Yes ☐ No

FK- 10B

***Are you or have you been treated for an ulcer?**

☐ Yes ☐ No

***Have you ever been told you have or had congestive heart failure?**

☐ Yes ☐ No

***Have you ever been told you have angina or other heart conditions?**

☐ Yes ☐ No

***Do you take any medications to lower your blood pressure?**

☐ Yes ☐ No

***Have you ever been told that you have decreased or abnormal kidney function?**

☐ Yes ☐ No

***Do you understand what a nitroglycerin or a nitrate is?**

☐ Yes ☐ No

If you do not understand what a nitrate is, please [click here](#).

***Do you understand that taking Viagra while you are on a nitrate can cause your blood pressure to drop to a potentially fatal level?**

☐ Yes ☐ No

***Do you take any medication classified as a nitrate in any form?**

☐ Yes ☐ No

continue

108 Cont.

Virtual Office Visit™

Start a New Visit



Start a New Virtual Office Visit



get more info here



You have successfully completed your Virtual Office Visit!!

The following steps will occur to ensure a convenient and confidential consultation:



Home



Security



Condition Library



FAQs



Fees & Pricing



Live Help



Logout

1. Upon completion of your first Virtual Office visit, an email confirming the username you chose and a randomly generated password will be sent to the address you listed here. Keep your username and password in a safe place because you will need it to access your information and to communicate with your physician. Remember, you can change this password at any time by simply logging onto this site and clicking 'Change your password.'
(Important Note: If you do not receive a confirmation email within 6 hours, contact Patient Services immediately at 800-200-5202)
2. Dr. Primary Care of the Triangle will then review your medical history and provide a Treatment Plan specific to your condition(s). In some cases, your physician may have additional questions concerning your medical history before determining the appropriate treatment.
3. Whether a Treatment Plan has been provided or additional information is required, you will receive an email asking you to visit this site to securely view every communication from your physician.
4. Once a Treatment Plan is decided upon by Dr. Primary Care of the Triangle, you will simply return to **moye.medfusion.net**, logon and click on the "Communicate" tab, view your most recent communication, and follow the "Click here to fill my prescription" link. You may then have your prescription called-in to your local pharmacy, or have it shipped directly to your door by 1stOnlinePharmacy.com.

Your Virtual Office Visit is *that* simple! If you have any questions, or are not sure how to proceed, our dedicated Patient Services representatives are available Monday through Friday from 9 am to 8 pm, Eastern time. You may also contact us via email, if you have any further questions about Primary Care of the Triangle or about your Virtual Office Visit.

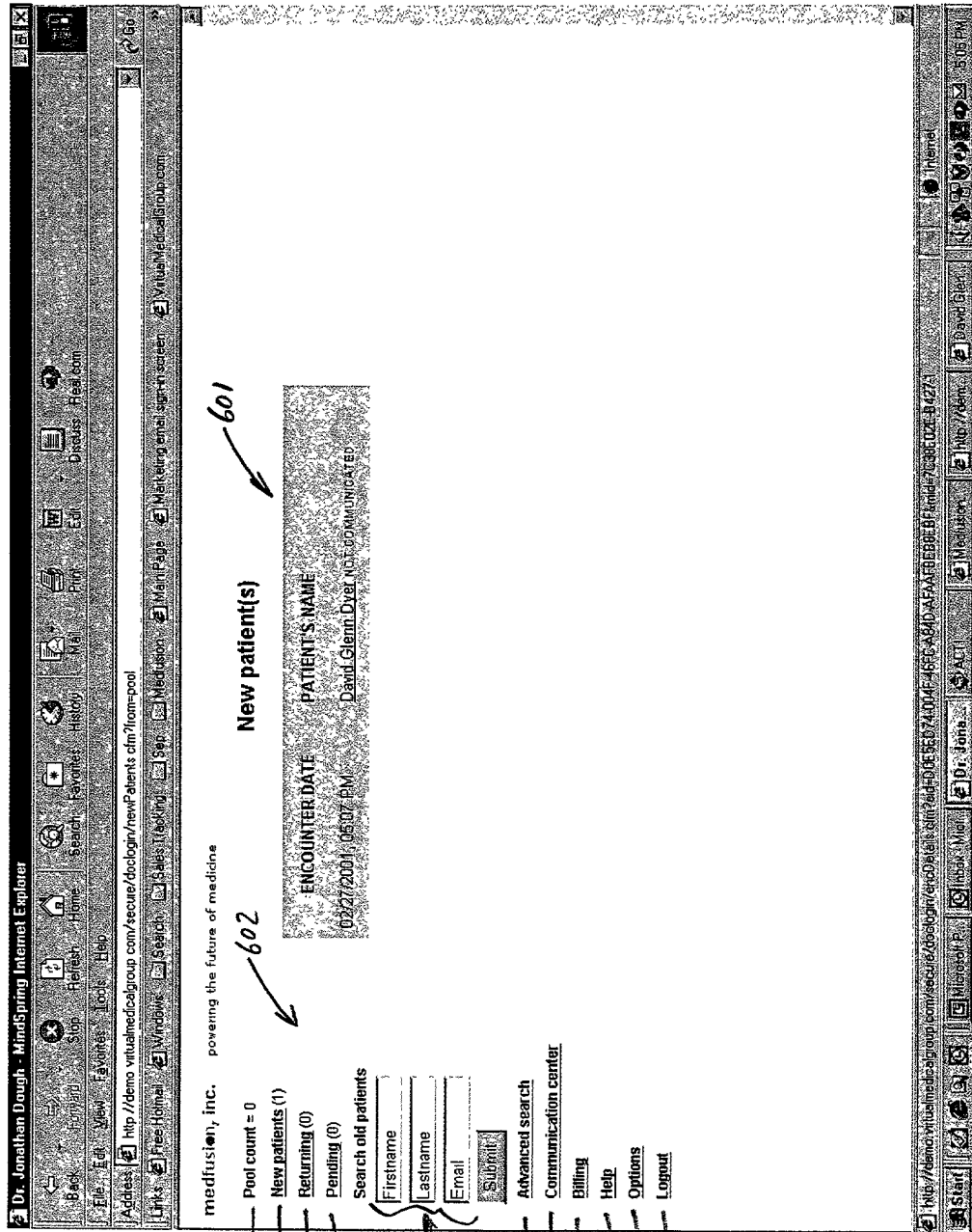


[Click here for a printer friendly version](#)

FIG-11

550

FIG. 12



600

Flg. 13

Dr. Fernando Puente, Communication center - MindSpring Internet Explorer

Back Forward Stop Refresh Home Search Favorites History Mail Print Discuss Real.com

File Edit View Favorites Tools Help

Address: https://www.medfusion.net/secure/doclogin/commindex.cfm

Links: Free Hotmail Windows Search Sales Tracking Sep Medfusion Main Page Marketing email sign-in screen VirtualMedicalGroup.com

medfusion, inc. powering the future of medicine

Pool count = 0

New patients (1)

Returning (0)

Pending (0)

Search old patients

Firstname

Lastname

Email

Submit

Advanced search

Communication center

Billing

Help

Options

Logout

602a

602b

602c

602d

602e

602f

602g

602h

602i

602j

602k

605a

605b

605c

605d

605

Communication center

Filter(s)

New messages

Drafts

All (addressed to the physician)

Search by patient (all communications)

Submit

Communicated, Prescribed, Changed, Advised

Date

From

Subject

No messages in this section

Start

Internet Explorer

Microsoft P

Inbox: Mics

VirtualMed

ACTI

Patent List

Dr. Ferna

3:56 PM

605

Dr. Jonathan Dough - Encounter details - MindSpring Internet Explorer

Address: <http://demo.virtualmedgroup.com/secure/doclogin/encDetails.cfm?enc=7A7B4C3C-5925-4E28-ABD1-C773A466167&enc=7C38E02E-9427-11D4-8572-00020707A8B5>

Links: Free Home! Windows Search Sales Tracking Sep Medication Men Pages Marketing email sign up VirtualMedGroup.com

medfusion, inc. powering the future of medicine

PATIENT PROFILE BASIC FAMILY GENERAL LABS & PROCEDURES CONDITION PATIENT HEALTH HISTORY SPECIALS ANSWERS CHART

David Glenn Dyer (Hair Loss)

Age: 39 Sex: M Height: 70 (in) Weight: 205 (lbs) State: North Carolina

HOME LOGOUT FAQ CONTACT US SEARCH LOCATION Dr. Jonathan Dough

MAKE NOTES TAKE ACTION

Do you consume more than 2 servings of alcohol per day No (11/07/2000, 08:15 AM)

Do you use recreational drugs No (11/07/2000, 08:15 AM)

Do you use tobacco products Yes (11/07/2000, 08:15 AM)

How many cups of a caffeinated beverage do you consume in a average day 2 (11/07/2000, 08:15 AM)

Height(in inches) 70 (11/07/2000, 08:15 AM)

Weight(in pounds) 205 (11/07/2000, 08:15 AM)

Blood Pressure 120/80 (11/07/2000, 08:15 AM)

Current medications none (11/07/2000, 08:15 AM)

Known Drug Allergies none (11/07/2000, 08:15 AM)

Description of Surgery/Date of Surgery none (11/07/2000, 08:15 AM)

Heart Disease No (11/07/2000, 08:15 AM)

Dr. Jonathan Dough

Microsoft Power New Media Dr. Jonathan Dough ACTI Medfusion.net

Start Deno Internet

610

F-16-14A

611

610

F16.143

Dr. Jonathan Dough - Take action - MindSpring Internet Explorer

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit Discuss Real.com

Address http://demo.virtuamedicalgroup.com/secure/doclogin/takeAction.cfm?aid=7A7BAC3C-5925-4E28-ABD1-C77F3A465167&md=7C38E02E-9427-11D4-8572-00902707A8B5

Links Free Hospital Free Hospital Sales Training ISep Medication Main Page Marking email sign in screen VirtuamedicalGroup.com

medfusion, inc. powering the future of medicine

PATIENT PROFILE BASIC GENERAL FAMILY LABS & PROCEDURES CONDITION PATIENT HISTORY SPECIFIC ANSWERS CHART

Dr. Jonathan Dough

HOME LOG-OUT FAQ CONTACT US SEARCH LOCATION

David Glenn Dyer (Hair Loss)

Age: 39 Sex: M Height: 70 (in) Weight: 205 (lbs) State: North Carolina

MAKE NOTES TAKE ACTION

TAKE ACTION

Consult # 1 - David Glenn Dyer is seeking treatment for Hair Loss

Choose consult status

Choose consult status

Prescribe med and communicate

Provide advice (Medical contraindication from history)

Provide advice (Does not meet FDA prescribing guidelines)

Provide advice (Allergic to medicine or has cross sensitivity with an ingredient)

Provide advice (Unable to establish patient/doctor relationship)

Communicate only

Do not charge and communicate

Start

Misspell Power

Info Maps

Dr. Jonathan

ACT

MedCommNet

http://demo.v

Internet

4:40 PM

Dr. Jonathan Dough - Encounter details - MindSpring Internet Explorer

Address: http://demo.virtualmedgroup.com/secure/doclogin/endDecision.cfm

Links: Free Home! Windows Search Sales Tracking Medication Main Page Matching email applications VirtualMedPublish.com

Back Forward Stop Refresh Home Search Favorites History Mail Print Diskless Real.com

File Edit View Favorites Tools Help

medfusion, inc. powering the future of medicine

PATIENT BASIC FAMILY LABS & CONDITION PATIENT
 PROFILE HEALTH HISTORY PROCEDURES SPECIAL SERVICES CHART

David Glenn Dyer
 (Hair Loss)

MAKE NOTES TAKE ACTION

David Glenn Dyer sought treatment for Hair Loss

Drugs available for this condition: Propecia

SIG Code: Take 1 tablet everyday

Strength	Route	Quantity	Refills
1.0 mg	P.O.	180	0
1.0 mg	P.O.	90	1
1.0 mg	P.O.	60	2
1.0 mg	P.O.	30	5

☐ Continuing care required What's this?

If you wish to write a general Rx for this encounter in addition to the one above, enter the text in this area.

619

616

617

618

620

622

Start Microsoft P... Info: Mail Dr. Jona... Net 4:45 PM

Fig-15A

Dr. Jonathan Dough - Encounter details - MindSpring Internet Explorer

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit Discuss Heal.com

File Edit View Favorites Tools Help

Address http://demo.vitalmedcgroup.com/secure/docbgn/consultUpdate.dtm

Links Free Home Mail Windows Search Sales Tracking Ser Medication Main Page Waiting email sign in screen VisualMedicalGroup.com

7049 - hair loss

Diagnostic code - description

Pharmacy dispensing information

Generic substitution permitted

Dispense as written

Messages

What's this?

COMMENT(s)

To:

Subject: *required

Process and communicate

620

624

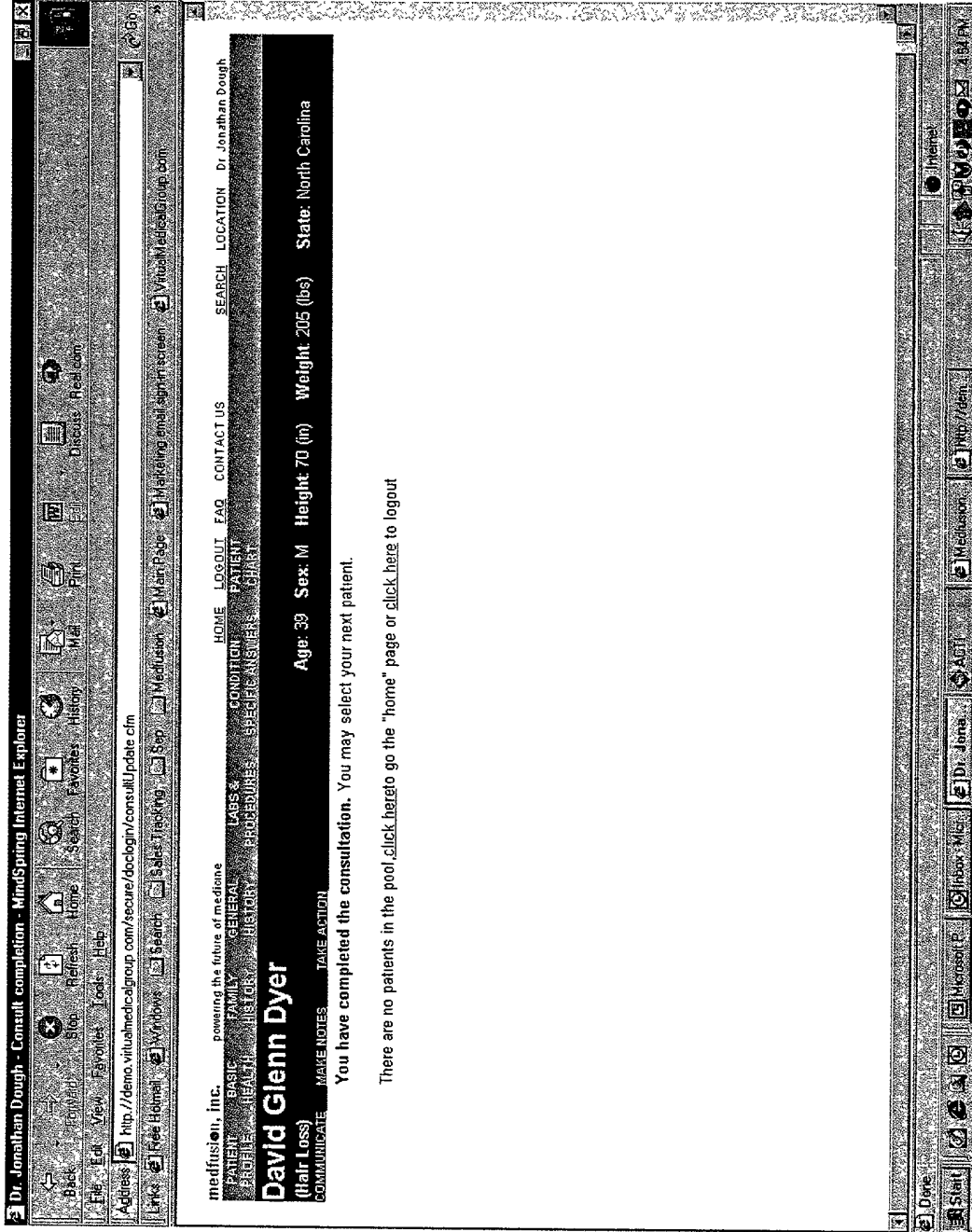
6253

626

6260

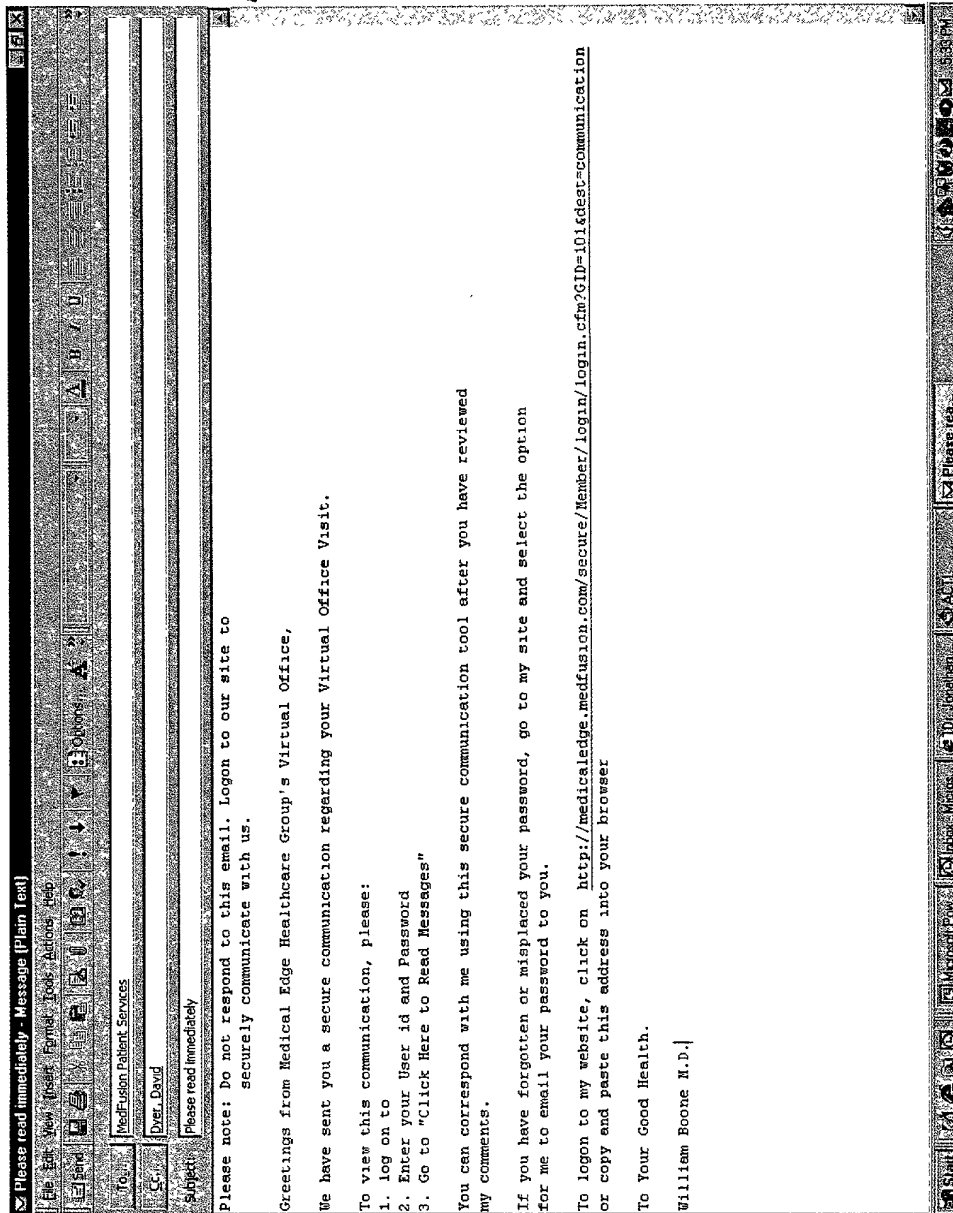
620

6-16-15B



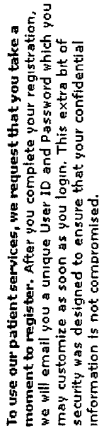
640

1-16-16



700

FIG. 17



If you are already a registered patient, please login here:

User Id

David

password

2710a

FORGOT your password?

Click here to have your Password E-mailed to you

Disclaimer & legal notes

powered by **medfusion**
copyright © 2000

Copyright © 2000

http://demo.virtualmedicalgroup.com/secure/Patients/comm_center/index.cfm?CFID=4088&CFTOKEN=2078 - MindSpring Internet Explorer

720

FIG-19

Virtual Office Visit™
Communicate with Your Physician

Welcome to the Acme Dermatology Associates, P.A. communication center

View Your Consultation Messages

- Unread
- Drafts
- All messages

Click Here to View

Message Summaries

Date	From	Subject
2/27/2001	Dr. Jonathan Dough	propertea

Start a New Visit
Communicate
Report History
get more info here

Home
Medical Record
Smart Patient
FAQs

Start
Stop
Refresh
Home
Search
Favorites
History
Mail
Print
Disk
Real.com

Address: http://demo.virtualmedicalgroup.com/secure/Patients/comm_center/index.cfm?CFID=4088&CFTOKEN=2078266

Links: Home, Wireless, Search, Sales Tracking, Ebp, Medication, Marketing email sign screen, VirtualMedicalGroup.com

Start
Stop
Refresh
Home
Search
Favorites
History
Mail
Print
Disk
Real.com

Start
Stop
Refresh
Home
Search
Favorites
History
Mail
Print
Disk
Real.com

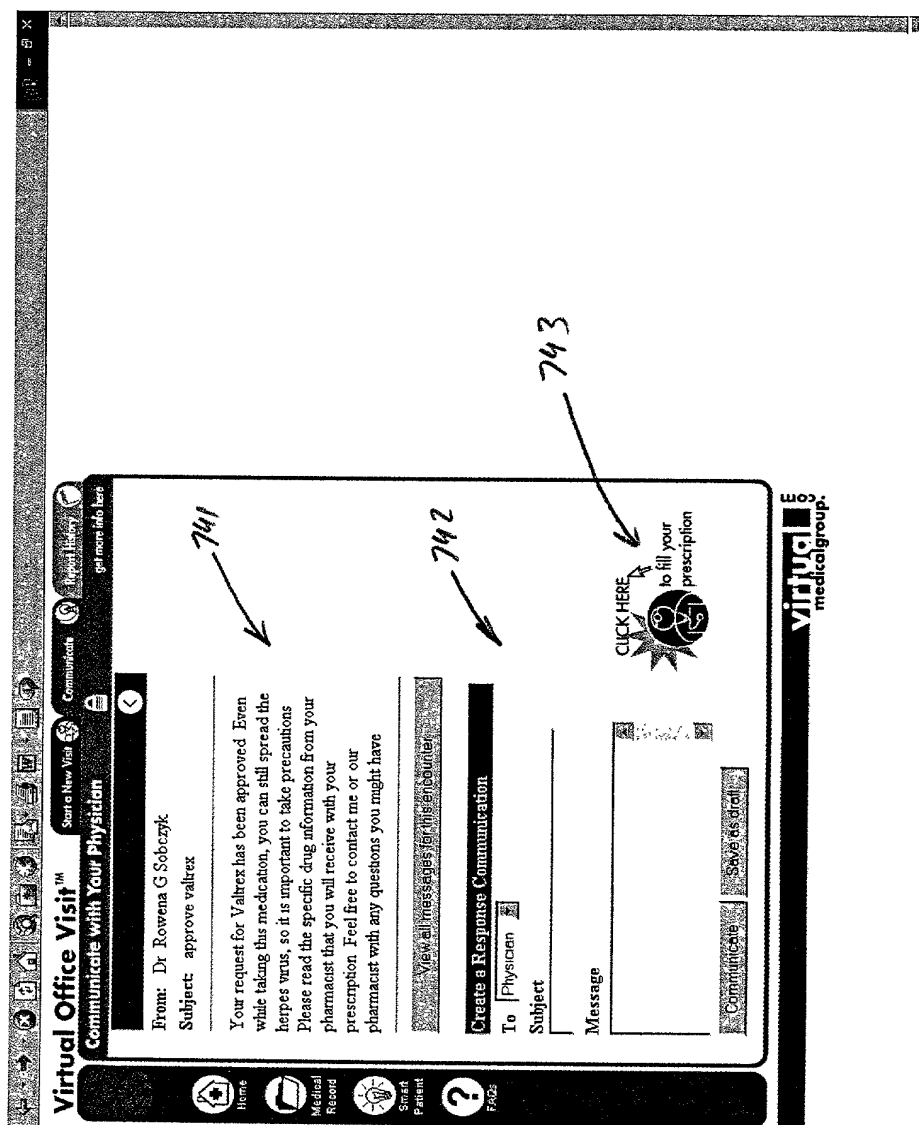


FIG. 21

[Home](#)
[Medical Records](#)
[Smart Patient](#)
[FAQ](#)

[New Visit](#)
[Communicate](#)
[Legal Notice](#)

[Add Menu](#)

Post Virtual Office Visits and Reports

PHYSICIAN REPORT

Patient	Mariboro Man
Visit Date	20-Jul-00

Complaint	Herpes
Diagnosis	Prescribed medication
Rx Details	
Drug prescribed	Valtrex
Quantity	15
Strength	1000.0 mg
Route	P O
Refills	5
Take	1/2 tablet every day
Generic substitution permitted	

You have 0 unread messages regarding this encounter

[View this consult responses](#)

[PRINT INVOICE](#)

Treatment plan

Please select one of the following pharmacy options

- [751](#)
 Immediately fill my prescription through <http://www.1stOnlinePharmacy.com>. Pharmacy and shipping charges will apply. Your medication will be shipped immediately.
- [752](#)
 Call in my prescription to my pharmacy (Pricing is not set by VirtualMedicalGroup.com or 1stOnlinePharmacy.com). [Click here](#)
- I do not wish to fill my prescription at this time, but understand that I can choose one of the above options at any

750

FIG-22

800

FIG- 23A

Thank you for visiting my Virtual Office provided by VirtualMedicalGroup.com. I have been practicing in the field of hair replacement and cosmetic surgery for over a decade in Ohio, Pennsylvania, and North Carolina. I am also currently opening an office in the Atlanta metro area. In all of my practices, I strive to provide patients with clinical expertise and knowledge gained through thousands of consultations for hair replacement surgery. Combined with my experience in cosmetic enhancement, I think you will find this site a valuable tool in determining what treatment will be best for you.

If you are an existing patient with a user id and password please [click here](#)
If you are a new patient please continue below.

Please enter a username, and we will create an encrypted password that will be e-mailed to you.
(Example: jsmith, johns, john_smith, j_smith)

*Username

* First Name
* Last Name
Middle Name
* Address 1
Address 2
* City
* State
* Country
* Zip Code

Fig- 233

800

* Zip Code		27608
* Home Phone		919-781-4792
Work Phone		919-659-3201
* E-Mail		ddyer@medicalweb.com
* Confirm E-Mail		ddyer@medicalweb.com
Would you like us to call with your appointment confirmation?		<input checked="" type="radio"/> Yes <input type="radio"/> No
* Date of Birth		09/15/61
Gender		<input checked="" type="radio"/> Male <input type="radio"/> Female
Social Security No.		
Employer		
Employer Address		
Spouse Name (if Applicable)		
Guarantor (if child)		
* I would like to see you		Next week
* Appointment day needed		Monday Tuesday Wednesday Thursday
* Appointment Time Needed		Morning
(Example: Morning, Afternoon, 8 am - 12 pm, 3 pm - 5 pm)		
* Reason for Visit		hair resoration consult
Referred By		
Submit Information		Start Over

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F-16-24A

https://www.virtualmedicalgroup.com/secure/ars/appointment_rqst.cfm - MindSpring Internet Explorer

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Appointment requests for DrGrantKoher.com

Choose Appointment Status

Request: ☐ Approved: ☐ Rescheduled: ☐ Hold: ☐

From: January 1 2000

To: October 12 2000

Patient Appointments

Name	Request date/time	Reason	Address	Contact Information
Michael Craig	Next week on Monday, Wednesday morning.	hair restoration	123 Elm Street Raleigh, North Carolina 27608	919-781-4792 919-859-3201 ddyer@medicalweb.com
Vikram Natarajan	Next week on Monday, Wednesday morning.	hair restoration	123 Elm Street Durham, North Carolina 27705	919-784-6666 919-859-3208 vikramn@medicalweb.com
	Hold			

Done Start Stop IE Help 10:13 AM Microsoft Internet Explorer https://www.vi...

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https://www.virtualmedicalgroup.com/secure/as/app_search.cfm?ID=217D30D2-9EE8-11D4-9328-00508B6 - MindSpring Internet Explorer

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Patient Information

Name: Michael Craig
Address: 123 Elm Street
Raleigh, North Carolina 27608
United States
Home Phone Number: 919-781-4792/919-659-3201
Work Phone Number: 919-659-3201
Wants phone confirmation? Yes
E-Mail Address: ddyer@medicalweb.com
Date of Birth: 15-Sep-61
Gender: M
Preferred day(s): Next week on Monday, Wednesday
Preferred time: morning
Appointment Reason: hair restoration
Appointment Status: Hold

Communications

Date	From	To	Subject	Status
10-Oct-00	Administrator	patient	Appt. Request Response	Read

Message: We have reserved your appt for next Wednesday 10/18/00 @ 9:00 - please confirm that you can make this time and we will approve your request for this appointment slot TY,
Dr. Kohler Admin.

Communication Information

Done Start Mail Microsoft Outlook Mailbox: Microsoft Outlook ACT! Outlook Task https://www.vl

2:48 PM